

Colchester Youth Survey 2019

This survey has been approved by the Colchester Board of Education and is sponsored by YouthFIRST, Colchester's Local Prevention Council. The survey is open to youth in grades 6 through 12 attending school in Colchester. We are conducting the survey to learn about your experiences and feelings regarding tobacco, alcohol, drugs, and various activities. This is NOT a test. There are no right or wrong answers.

We encourage you to answer truthfully. Your answers cannot be traced back to you, so you can be completely honest. This is your chance to be heard.

If you are taking this survey later in the cycle, you may have heard classmates talking about the questions or answers they gave. We are relying on your independent spirit and integrity to give answers based on your OWN opinions and experiences, regardless of what you may have heard.

Please work as quickly as you can. If you don't find an answer that fits exactly, choose the one that comes closest. You should not compare or discuss your answers with other students while you are taking the survey, but you may ask your teacher or survey administrator if you do not understand a question.

Until you click **Done>>** at the end, you may back up and change answers. To discontinue taking the survey, click the Exit Survey box. If you exit, you are all finished, and cannot return to the survey later.

When you have completed the survey, click **Done>>** and wait for instructions from your teacher.

*** 1. What grade are you in now?**

☐ 6

☐ 9

☐ 12

☐ 7

☐ 10

☐ 8

☐ 11

2. What is your gender?

☐ Female

☐ Male

☐ I prefer not to answer

3. How do you describe yourself? (Mark all that apply)

☐ White or Caucasian

☐ Asian or Pacific Islander

☐ Hispanic or Latino

☐ Black or African American

☐ Native American

Other (please specify)

4. On a regular weekday, how many hours do you usually spend after school without an adult present?

- ☐ None
 ☐ 1 To 2 Hours
 ☐ More Than 4 Hours
☐ Less Than 1 Hour
 ☐ Up To 4 Hours

5. Please choose how true the following statements are for you:

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
I try hard to do good work at school.	☐	☐	☐	☐
I feel safe at school.	☐	☐	☐	☐
Teachers/Staff at my school encourage and support me to do my best.	☐	☐	☐	☐
When I am away from home, my parent/guardian(s) know where I am and who I am with.	☐	☐	☐	☐
I share my thoughts and feelings with my parent/guardian(s).	☐	☐	☐	☐
My parent/guardian(s) participates in activities at my school, including attendance at school events.	☐	☐	☐	☐
I feel very close to my parent/guardian(s).	☐	☐	☐	☐
I feel loved and valued by my family.	☐	☐	☐	☐
If I break one of my parent/guardian(s) rules, I am usually disciplined.	☐	☐	☐	☐

6. Please choose how true this statement is for you:**My family has clear rules discouraging me from the following:**

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
Smoking cigarettes or using tobacco.	☐	☐	☐	☐
Using electronic cigarettes (e-cigs, vapes, juuls).	☐	☐	☐	☐
Drinking alcoholic beverages.	☐	☐	☐	☐
Using marijuana.	☐	☐	☐	☐
Using a prescription drug that is not prescribed to me.	☐	☐	☐	☐
Gambling (scratch tickets, online, sports, casino, etc).	☐	☐	☐	☐

7. Do either of your parents/guardians:

	NO	YES
Smoke cigarettes?	☐	☐
Use electronic cigarettes (e-cigs, vapes, juuls)?	☐	☐
Drink alcoholic beverages?	☐	☐
Use marijuana?	☐	☐
Gamble (scratch tickets, online, sports, casino, etc)?	☐	☐

8. Has anyone in your family (such as a parent, brother or sister, not including you) ever used alcohol so that it created problems at home, at work, or with friends?

☐ NO ☐ YES

9. Think back over the past 30 days. On how many days, if any, did you use an energy drink (like Red Bull, Monster, Amp or Rock Star)?

- | | | |
|---|--|---|
| ☐ I have
<u>NEVER</u> used. | ☐ Occasionally
(1 - 5 days) | ☐ Almost every day
(21 days or more) |
| ☐ Not in the
past 30 days | ☐ Frequently
(6 - 20 days) | |

10. What was your age (in years) when you FIRST used an energy drink (like Red Bull, Monster, Amp or Rock Star)?

- ☐ 10 yrs or younger
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 or older

11. Think back over the past 30 days. On how many days, if any, did you use an energy drink containing alcohol?

- ☐ I have **NEVER** used.
- ☐ Occasionally (1 - 5 days)
- ☐ Almost every day (21 days or more)
- ☐ Not in the past 30 days
- ☐ Frequently (6 - 20 days)

12. What was your age (in years) when you FIRST used an energy drink containing alcohol?

- ☐ 10 yrs or younger
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 or older

13. Think back over the past 30 days. On how many days, if any, did you use electronic cigarettes (e-cigs, vapes, juuls)?

- ☐ I have **NEVER** used.
- ☐ Occasionally (1 - 5 days)
- ☐ Almost every day (21 days or more)
- ☐ Not in the past 30 days
- ☐ Frequently (6 - 20 days)

14. What was your age (in years) when you FIRST used electronic cigarettes (e-cigs, vapes, juuls)?

- ☐ 10 yrs or younger
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 or older

15. Have you ever used electronic cigarettes (e-cigs, vapes, juuls) to vape the following substances?

	No, never	Yes, but not in the past 30 days.	Yes, in the past 30 days.
Nicotine	☐	☐	☐
Marijuana / THC	☐	☐	☐
Other	☐	☐	☐

16. When you first used electronic cigarettes, what influenced you the most to use?

- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

17. What influences you most to continue using electronic cigarettes ?

- ☐ I am not currently using
- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

18. Think back over the past 30 days. On how many days, if any, did you use cigarettes?

- | | | |
|---|--|---|
| ☐ I have
<u>NEVER</u> used. | ☐ Occasionally
(1 - 5 days) | ☐ Almost every day
(21 days or more) |
| ☐ Not in the
past 30 days | ☐ Frequently
(6 - 20 days) | |

19. What was your age (in years) when you FIRST used cigarettes?

- ☐ 10 yrs or younger
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 or older

20. When you first used cigarettes, what influenced you the most to use?

- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

21. What influences you most to continue using cigarettes ?

- ☐ I am not currently using
- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

22. How often do you get cigarettes from:

	Never	Sometimes	Often
Your parents, with their permission?	☐	☐	☐
Your parents, without their permission?	☐	☐	☐
Your brother(s) or sister(s)?	☐	☐	☐
Your friends?	☐	☐	☐
A store (you buy them)?	☐	☐	☐

23. Think back over the past 30 days. On how many days, if any, did you use other tobacco products (like cigars, snuff, chewing tobacco, smoking tobacco from a pipe)?

- | | | |
|---|--|---|
| ☐ I have
<u>NEVER</u> used. | ☐ Occasionally
(1 - 5 days) | ☐ Almost every day
(21 days or more) |
| ☐ Not in the
past 30 days | ☐ Frequently
(6 - 20 days) | |

24. What was your age (in years) when you FIRST used other tobacco products (like cigars, snuff, chewing tobacco, smoking tobacco from a pipe)?

- ☐ 10 yrs or younger
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 or older

25. When you first used other tobacco products what influenced you the most to use?

- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

26. What influences you most to continue using other tobacco products?

- ☐ I am not currently using
- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

27. How often do you get other tobacco products from:

	Never	Sometimes	Often
Your parents, with their permission?	☐	☐	☐
Your parents, without their permission?	☐	☐	☐
Your brother(s) or sister(s)?	☐	☐	☐
Your friends?	☐	☐	☐
A store (you buy them)?	☐	☐	☐

28. Think back over the past 30 days. On how many days, if any, did you use marijuana or hashish?

- | | | |
|---|--|---|
| ☐ I have
<u>NEVER</u> used. | ☐ Occasionally
(1 - 5 days) | ☐ Almost every day
(21 days or more) |
| ☐ Not in the
past 30 days | ☐ Frequently
(6 - 20 days) | |

29. What was your age (in years) when you FIRST used marijuana or hashish?

- ☐ 10 yrs or younger
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 or older

30. When you first used marijuana, what influenced you the most to use?

- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

31. What influences you most to continue using marijuana?

- ☐ I am not currently using
- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

32. How often do you get marijuana from:

	Never	Sometimes	Often
Your parents, with their permission?	☐	☐	☐
Your parents, without their permission?	☐	☐	☐
Your brother(s) or sister(s)?	☐	☐	☐
Your friends?	☐	☐	☐

*** 33. During the past 30 days, on how many days (if any) did you drink one or more drinks of an alcoholic beverage (more than a sip, and NOT including religious activities)?**

- ☐ I have NEVER used. ☐ Occasionally (1 - 5 days) ☐ Almost every day (21 days or more)
- ☐ Not in the past 30 days ☐ Frequently (6 - 20 days)

34. In the past 30 days, did you drink alcoholic beverages in any of the following places:

	Never	Sometimes	Often
At your home?	☐	☐	☐
On the street, in the woods, or in parks or fields?	☐	☐	☐
At the homes of other people?	☐	☐	☐
At school activities, like dances or sporting events?	☐	☐	☐
While you were driving a car, truck, or motorcycle?	☐	☐	☐
At a party with an adult (21 or older) present?	☐	☐	☐
At a party without an adult (21 or older) present?	☐	☐	☐

35. During the past 30 days have you been under the influence of alcohol while you were at school?

☐ NO ☐ YES

36. What was your age (in years) when you FIRST used alcoholic beverages (more than a sip, and NOT including religious activities)?

- ☐ 10 yrs or younger
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 or older

37. When you first used alcohol, what influenced you the most to use?

- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

38. What influences you most to continue using alcohol?

- ☐ I am not currently using
- ☐ Friends/Peer Pressure
- ☐ Boredom
- ☐ Curiosity
- ☐ Advertisements/Media
- ☐ Family Tradition
- ☐ Easy to get
- ☐ Angry/Upset with someone
- ☐ Stress/To Feel Better

39. How often do you get alcohol from:

	Never	Sometimes	Often
Your parents, with their permission?	☐	☐	☐
Your parents, without their permission?	☐	☐	☐
Your friends?	☐	☐	☐
Your brother(s) or sister(s)?	☐	☐	☐
Other people who buy it for you?	☐	☐	☐
A party with an adult's permission?	☐	☐	☐
A store or bar (you buy it)?	☐	☐	☐
A restaurant ?	☐	☐	☐

40. How often have you drank 4 or more alcoholic drinks (beer, wine, wine coolers, mixed drinks, hard liquor etc.) during a single occasion?

- ☐ I have NEVER drank 4 or more drinks in a single occasion.
- ☐ Occasionally (1 - 5 days)
- ☐ Almost every day (21 days or more)
- ☐ Frequently (6 - 20 days)
- ☐ Not in the past 30 days

41. How important do you think the following are in preventing kids from drinking alcoholic beverages?

	Very Important	Somewhat Important	Not Important	I Don't Know.
Having driver's license suspended for drinking	☐	☐	☐	☐
Checking ID's in stores or bars	☐	☐	☐	☐
Fear of addiction	☐	☐	☐	☐
Friends who disapprove of drinking	☐	☐	☐	☐
High price	☐	☐	☐	☐
Breathalyzer tests	☐	☐	☐	☐
Parental strictness about drinking	☐	☐	☐	☐
Alcohol education in school	☐	☐	☐	☐
Being fined about \$200 for drinking	☐	☐	☐	☐
Advertisement that show the problems associated with drinking	☐	☐	☐	☐
Alcohol-free activities (like dances, concerts, or sporting events)	☐	☐	☐	☐
Friends who don't drink	☐	☐	☐	☐

42. If you wanted to, how easy would it be for you to get:

	Very Easy	Sort Of Easy	Sort Of Hard	Very Hard
Beer, wine, wine coolers, or hard liquor?	☐	☐	☐	☐
Cigarettes?	☐	☐	☐	☐
Electronic cigarettes (e-cigs, vapes, juuls)?	☐	☐	☐	☐
Marijuana?	☐	☐	☐	☐
A gun?	☐	☐	☐	☐
Illicit drugs like cocaine, heroin, LSD, or amphetamines?	☐	☐	☐	☐
A prescription drug without your own prescription (such as OxyContin, Vicodin, or Ritalin)?	☐	☐	☐	☐

43. How much do people risk harming themselves physically or in other ways when they do the following:

	No Risk	Slight Risk	Moderate Risk	Great Risk	I Don't Know.
Smoke cigarettes, 1 or more packs a day?	☐	☐	☐	☐	☐
Use electronic cigarettes (e-cigs, vapes, juuls)?	☐	☐	☐	☐	☐
Drink alcoholic beverages, 5 or more once or twice a week?	☐	☐	☐	☐	☐
Take 1 or 2 drinks of an alcoholic beverage nearly every day?	☐	☐	☐	☐	☐
Use marijuana 1 or 2 times a week?	☐	☐	☐	☐	☐
Use prescription drugs that are not prescribed to them?	☐	☐	☐	☐	☐

44. How wrong do your parents feel it would be for you to do the following:

	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke tobacco?	☐	☐	☐	☐
Use electronic cigarettes (e-cigs, vapes, juuls)?	☐	☐	☐	☐
Drink one or two alcoholic beverages (beer, wine, or liquor) nearly everyday?	☐	☐	☐	☐
Smoke marijuana?	☐	☐	☐	☐
Use prescription drugs not prescribed to you?	☐	☐	☐	☐
Gamble (scratch tickets, online, sports, casino, etc)?	☐	☐	☐	☐

45. How wrong do your friends feel it would be for you to do the following:

	Not At All wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoke tobacco?	☐	☐	☐	☐
Use electronic cigarettes (e-cigs, vapes, juuls)?	☐	☐	☐	☐
Drink one or two alcoholic beverages (beer, wine, or liquor) nearly everyday?	☐	☐	☐	☐
Smoke marijuana?	☐	☐	☐	☐
Use prescription drugs not prescribed to you?	☐	☐	☐	☐
Gamble (scratch tickets, online, sports, casino, etc)?	☐	☐	☐	☐

46. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly everyday?

- | | |
|---|---|
| ☐ Neither Approve or Disapprove | ☐ Strongly Disapprove |
| ☐ Somewhat Disapprove | ☐ Don't Know or Can't Say |

47. Have you EVER used any of these drugs?

	NO, Never	YES, But <u>NOT</u> in the past 30 days	YES, In the past 30 days
Inhalants (things you sniff or inhale to get high such as glue, paint, whippets, or sprays)	☐	☐	☐
Cocaine	☐	☐	☐
Crack cocaine (rock)	☐	☐	☐
Alloviates (vites)	☐	☐	☐
Ecstasy (MDMA, Molly)	☐	☐	☐
Hallucinogens (LSD, acid or mushrooms, PCP or Angel Dust)	☐	☐	☐
Heroin	☐	☐	☐
Salvia	☐	☐	☐
Ketamine (Special K)	☐	☐	☐
GHB	☐	☐	☐
Methamphetamine (Meth)	☐	☐	☐
Synthetic marijuana (Spice, K2, K3)	☐	☐	☐
Bath Salts (Ivorywave, Red Dove)	☐	☐	☐

48. Have you ever used any of these drug(s) on your own, without your own prescription or a doctor or dentist telling you to?

	NO, Never	Yes, But <u>NOT</u> in the past 30 days	Yes, In the past 30 days
Pain medication (OxyContin, Vicodin, Percodan, Codeine, or Dilaudid)	☐	☐	☐
Steroids (juice, roids)	☐	☐	☐
Downers (barbiturates, sleeping pills, sedatives, Quaaludes)	☐	☐	☐
Tranquilizers (Valium, Xanax, or Librium)	☐	☐	☐
Uppers (Ritalin, Adderall, Amphetamines, or Speed)	☐	☐	☐
Over the counter medications to get "high" (cough medicine, mouthwash)	☐	☐	☐

49. During the past 30 days, have you been intentionally high under the influence of drugs while you were at school?

☐ NO

☐ YES

50. Please choose how true the following statement are for you.

	Definitely NOT True	Mostly NOT True	Mostly True	Definitely True
My community is a safe place.	☐	☐	☐	☐
In my community, kids are often teased or taunted so much their feelings are hurt.	☐	☐	☐	☐
A lot of drugs are sold in my community.	☐	☐	☐	☐
There are lots of things for young people to do in my community.	☐	☐	☐	☐
A lot of kids in my community are into using marijuana and other drugs.	☐	☐	☐	☐
Adults in my town see teenagers as valuable and important members of the community.	☐	☐	☐	☐

51. In the past year did you:

	No	Yes
Steal something less than \$100?	☐	☐
Cheat on a test at school?	☐	☐
Sell illegal drugs?	☐	☐
Bring a knife, gun, or other weapon to school?	☐	☐
Bully someone with the idea of hurting their feelings?	☐	☐
Ride as a passenger with a driver under the influence of drugs or alcohol?	☐	☐
Drive while under the influence of drugs or alcohol?	☐	☐
Gamble (scratch tickets, online, sports, casino, etc)?	☐	☐

52. How much do you disagree or agree with the following:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel lonely.	☐	☐	☐	☐
I am good at making decisions.	☐	☐	☐	☐
I feel sad most of the time.	☐	☐	☐	☐
I have so much energy I don't know what to do with it.	☐	☐	☐	☐
I have a number of good qualities.	☐	☐	☐	☐
I have trouble concentrating.	☐	☐	☐	☐
I stand up for what I believe in.	☐	☐	☐	☐
I believe that my life is going in a positive direction.	☐	☐	☐	☐

53. When you have a problem that bothers you, how often do you:

	Never or Almost Never	Sometimes	Often	Always or Almost Always
Talk about it with your parent(s) or guardian(s)?	☐	☐	☐	☐
Talk about it with a teacher?	☐	☐	☐	☐
Talk about it with a friend?	☐	☐	☐	☐
Keep it to yourself?	☐	☐	☐	☐

54. There is at least one adult AT SCHOOL who I can talk to if I have a problem.

- ☐ Yes
- ☐ No

55. In the past 12 months, have you experienced any of the following?

	Yes	No
I have had thoughts about hurting myself.	☐	☐
I have hurt myself on purpose.	☐	☐
I have had a boyfriend/girlfriend hit, slap, or physically hurt me on purpose.	☐	☐
I have felt sad or hopeless almost every day for 2 weeks or more so that it stopped me from doing my usual activities.	☐	☐
I have seriously considered attempting suicide.	☐	☐

Gambling is risking money or something of value on an activity that has an uncertain outcome. This can include things like bingo, scratch tickets, raffles, online gambling, sports betting and casino gambling.

56. How often do you gamble for money or possessions (such as poker, lottery, sports betting, online bets)?

- | | | |
|------------------------------|---|-----------------------------|
| ☐ Daily | ☐ Monthly | ☐ Never |
| ☐ Weekly | ☐ Less than monthly | |

57. Please choose a response for each question below:

	Yes, in the past 12 months	Yes, but not in the past 12 months	Never
Have you ever tried to cut back on your gambling?	☐	☐	☐
Has a family member ever expressed concern about the amount of time you gamble or the amount of money you spend gambling?	☐	☐	☐
Have you ever missed work, school or other important social activities because you were gambling?	☐	☐	☐
Do you think you have a gambling problem?	☐	☐	☐

58. Has anyone in your family (such as a parent or sibling, not you) ever gambled so that it created problems at home, at work or with friends?

☐ No ☐ Yes

Thank you for taking the time to complete this survey.